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(I.S. Patient and Treatment Office; V.S. OEPARTMENT OF CONMERCE.

PATENT APPLICATION EEE DETERMINATION DECORD.

PATENT APPLICATION EEE DETERMINATION DECORD. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 1049 738 CLAIMS AS FILED - PART I **OTHER THAN** (Column 1) SMALL ENTITY (Cotumn 2) OR SMALL ENTITY FOR NUMBER FILED **NUMBER EXTRA** RATE FEE BASIC FEE RATE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) colous 20 s X S OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 e X S OR K S MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.15(d)) OR 'If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Cotumn 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING. MUMBER PRESENT ADDI-EXT AFTER.... RATE ADDI PREVIOUSLY EXTRA TIENAL PAID FOR Ticrist' FEE LIOCAL (CARLE SEC) (CA) ENDM 20 EEE 20 x, 25 1 50 E OR Independent Of CFR 1.1600 Minus x 1/00= x 1000. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.16(d)) +:/80= +,360 OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Cotumn 1) (Cotumn 2) (Column 3) CLAIMS HIGHEST HUMBER REMAINING PRESENT. " RATE ADDI-벌 RATE AFTER ADDI-**PREVIOUSLY EXTRA** TIONAL AMENDMENT TIONAL" PAID FOR FEE. Total FEE . Minus 14 OF OFR LIGHT : X S ÓR. W OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.(6(01)) •.• • OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE AFTER ADOL PREVIOUSLY **EXTRA** TIONAL AMENDMENT TIONAL PAID FOR · FEE Total promissor Minus X S OR Ξ Independent Minus X S X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR L16(d)) + 5 OR I TOTAL ADD'L FEE OR : ADD/LFEE ! If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". Higher Tylend Marriage Pages produce to the second of the s

"If the Tighest Number Previously Paid For In THIS SPACE is less than 20, enter "20".

"If the Tighest Number Previously Paid For In THIS SPACE is less than 3, enter "3".

The Tighest Number Previously Paid For In THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is assumated to take 17 Immitted to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pepartment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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